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CONFIRMATION NO. 1865

<b>SERIAL NUMBER</b> 10/626,292	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> SBC1003USC3
<b>APPLICANTS</b> Giovanni Rolando, Chivasso (Torino), ITALY; Paolo Gaschino, Chivasso (Torino), ITALY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/002,783 10/30/2001 PAT 6,616,690 which is a CON of 08/964,158 11/04/1997 PAT 6,309,414				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/23/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowances Verified and Acknowledged		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 7
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 009561				
<b>TITLE</b> Angioplasty stents				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	